

Case report

Self-inflicted gunshot wound mimicking assault: A rare variant of factitious disorder

Hadas Gips MD (Forensic Pathologist)^{a,*}, Uziel Yannai MA (Superintendent)^b,
Jehuda Hiss MD (Chief Medical Examiner of Israel)^a

^a *The National Center of Forensic Medicine, 67 Ben Zvi Road, Tel Aviv 61085, Israel¹*

^b *Division of Identification and Forensic Science, Northern District, Israel.*

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Abstract

This paper presents the case of a 52-year-old man who died in an attempt to prove factitious allegations of persecution. To the best of our knowledge, there are no other reported cases of a self-inflicted, long-distance gunshot injury causing death. We discuss other cases of crime-scene “staging” and review the literature on factitious disorders and malingering in our search for a motive, and stress again the importance of crime scene analysis and investigation of circumstances in determining the manner of death.

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1. Introduction

Determining the manner of death is one of the more difficult tasks required of a forensic pathologist. While the cause of death may sometimes be obvious, it could be the result of an accident, suicide, homicide or even natural causes.

Forensic literature provides numerous reports on suicidal deaths disguised as homicides by the deceased for insurance purposes, to avoid family embarrassment, or for other reasons which elude the investigators. Most of the cases involve some form or other of factitious disorder, which has pre-existed for years before culminating in death.

We report a case of an accidental death following an intentional self-inflicted injury which was not meant to be lethal, but rather to prove that the victim was harassed by hostile governmental agents.

2. Case report

On a spring morning, a police helicopter detected the vehicle of a 52-year-old male, reported missing a few days earlier, in a secluded forest. The police unit arriving at the scene discovered the decomposed body of a middle-aged man crouching face-down under the passenger door of an SUV (Fig. 1). The deceased was wearing black sweat-shirt and pants, a disposable adult diaper and a pair of slippers. His hands were covered with yellow rubber gloves and, tied to his left wrist, was a string about 2.5 meters long, with its free end in a loop, resting beside the front right wheel. A leg-brace matching the left leg was found lying next to the body.

The left leg of the pants was soaked with blood and had two small tears at knee-height. The DIFS (Division of Identification and Forensic Science) technician at the scene cut open the pants to expose a bullet-wound at the medial aspect of the knee (Fig. 2).

The passenger seat and door of the SUV were smeared with dried blood.

A wooden board was fixed to the hood of the car, with a vise attached to it and a rubber sheet between the clamps.

* Corresponding author. Tel.: +972 3 5127858; fax: +972 3 6833813.

E-mail address: hadas.gips@forensic.health.gov.il (H. Gips).

¹ Affiliated to the Sackler School of Medicine, Tel Aviv, Israel



Fig. 1. The decomposed body of a man found next to his SUV.



Fig. 2. The gunshot wound on the leg.

A pulley was screwed to the edge of the board. An open case was found on the hood, containing an auto-loading 9 mm “Glock” pistol with the magazine inside and a live bullet in the chamber, as well as weapon-maintenance tools and a flashlight (Fig. 3).

A blanket was spread on the ground in front of the vehicle, with a nylon sheet underneath. A 9 mm fired cartridge case was found on the ground between the car and the blanket.

The DIFS technician at the scene clamped the pistol in the vise and tied the end of the string through the pulley

to the trigger, proving that the device could have been activated by the deceased from a distance. Ballistic testing performed later confirmed that the cartridge case matched the gun found at the scene.

3. The autopsy

A positive identification of the deceased was made based on dental records.



Fig. 3. The device used to self-inflict a gunshot wound from a distance.

The post-mortem examination revealed a gunshot wound on the left leg. The bullet entered the medial aspect of the left knee, fractured the patella and tibial head, severed the popliteal artery and fragmented the distal end of the femur. The exit wound was on the postero-lateral aspect of the knee. The direction of the bullet was front to back and right to left.

The rest of the autopsy was unremarkable, except for evidence of a previous spinal surgery.

An examination of the deceased's hands and pants revealed no gunshot residue, consistent with a shot fired from a distance greater than one meter.¹

Toxicology screen was negative for alcohol, opiates and other drugs.

4. Police investigation

From the crime scene analysis and autopsy findings it was obvious that the lethal injury was self-inflicted. However, the investigators were puzzled as to what induced the deceased to construct such an elaborate scheme.

An investigation into the deceased's history revealed that he was an IDF (Israeli Defense Force) veteran, who had suffered a spinal injury during military action 20 years earlier, and had been unemployed since. He had undergone spinal surgery, and suffered from urinary incontinence and impaired use of his left leg. He was declared as suffering from post-traumatic stress disorder (PTSD) and received a monthly allowance from the military for his disability.

In the two decades since his injury he had filed numerous complaints with the police authorities, claiming that he was being followed by government agents who wished to harm him and perform medical experiments on him.

As their enquiries revealed nothing, the police ignored his subsequent complaints.

5. Discussion

In reviewing the literature concerning the “staging” of a crime scene, it is much easier to find cases of homicide staged as suicide than vice versa. Few reports describe suicides made to look like a murder scene. One such case, reported by McDowell, was about a young police officer (formerly military), with a history of false claims of PTSD and several nervous breakdowns, who had shot himself, making it seem as if he had been killed during an altercation with an intruder while on active duty. His motive was to avoid persecution for stealing medical equipment and the act was a last attempt to assume the role of a hero.²

Gerdin reported on a retired district police superintendent who had employed a rubber band to get rid of a handgun he had used to commit suicide. His motive was never revealed.³

Two similar cases were reported by Gross et al⁴ and Prahlow et al,⁵ in both of which a young man had shot himself implementing a method described in Sir Arthur Conan Doyle's book, i.e. using a pistol tied to a weight which had subsequently pulled the former into a brook. One of the men had done so after an argument with his father, and had no previous history of mental or physical disorder. The other was an attorney, and the reason for his staged suicide was left undetermined.

A case of suicidal hanging made to look like a homicide, by a young student with a previous history of attempted suicide and a recent breakup with his girlfriend, was reported by Adair and Dobersen.⁶

In his review of the pathology of self-mutilation and destructive acts, Eckert reported on malingering as early as the 19th century, mainly among prisoners, sailors and military personnel, who used self-injury as a means of escaping their harsh conditions. He referred to the term “goldbricking”, coined by Waisman, to describe soldiers who shot themselves for compensation or veteran’s pensions.⁷

Eisendrath and McNiel reported four cases of factitious physical disorders, three of which had paramedical backgrounds, all involved in litigation and culminating in death.

The authors questioned the accuracy of the definition of “factitious disorder”, in which the main motive is primary gain, e.g. assuming the sick role, in contrast to malingering, in which the secondary gain is dominant. Their conclusion was that despite the monetary gain in all four cases, the dominant feature was assuming the sick role, which resulted in their death. The lawsuits, in part, were a way to receive judicial endorsement.⁸

McDowell described cases similar to the one presented here as a sub-category of Munchausen’s syndrome, in which “individuals factitiously present themselves to law enforcement authorities as victims of crime” and their self-inflicted wounds serve to add credibility to the complaint.²

In the present case, we believe the victim of shooting intended only to injure himself in order to prove his continuous claims of being followed by obscure agents. As he had already obtained full disability compensation, it is safe to assume that he had no secondary gain in mind.

Being of a military background, he was aware of the need for the gunshot wound to be fired from a distance far enough to preclude himself as a suspect of self-inflicted injury. He therefore constructed a device that allowed him to fire from a distance that would not leave gunshot residue on his body or clothing, aiming at his already-crippled left leg. Before he was affected by hypovolemic shock, caused by the laceration of his popliteal artery, he had sufficient

time to partially dismantle the apparatus in order to disguise his “modus operandi”. It appears that he had no intention of committing suicide, and planned to dispose of the device later and claim that he had been shot by an assailant.

6. Summary

To the best of our knowledge there is no previous documentation of factitious disorder resulting in accidental death by gunshot wound. The victim’s obsession in proving that his life was in danger precipitated his reckless attempt at staging a shooting which ended in his death. Had he succeeded in his scheme and later been evaluated by a clinical forensic expert, a self-inflicted gunshot wound would have been excluded due to lack of hard evidence.

It is imperative to stress again the importance of acquiring all relevant evidence and background data in examining victims of mechanical violence, in order to correctly establish the mechanism and manner of injury.

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